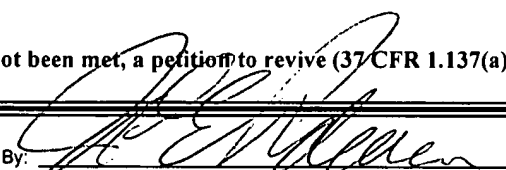


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| FORM PTO 1390<br>(REV 5-93)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             | US DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY DOCKET NUMBER<br>2004-1468A                                                                             |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. §371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                       | U.S. APPLICATION NO.<br>(If not a new application, give the U.S. application number.)<br><b>10/509741</b><br>NEW |
| International Application No.<br>PCT/JP03/05353                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | International Filing Date<br>April 25, 2003 | Priority Date Claimed<br>May 2, 2002                  |                                                                                                                  |
| <b>Title of Invention</b><br>FUEL CELL POWER GENERATION SYSTEM AND METHOD FOR OPERATING SAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                                       |                                                                                                                  |
| <b>Applicant(s) For DO/EO/US</b><br>Setsuo OMOTO; Naohiko ISHIBASHI; Keiji FUJIKAWA; Hirohisa YOSHIDA; Masami KONDO; Shigeru NOJIMA;<br>Toshinobu YASUTAKE; Satoru WATANABE; and Masanao YONEMURA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                       |                                                                                                                  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                       |                                                                                                                  |
| 1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. §371.<br>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. §371.<br>3. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. §371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. §371(b) and PCT Articles 22 and 39(1).<br>4. <input type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.<br>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. §371(c)(2))<br>a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).<br>b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau. <b>ATTACHMENT A</b><br>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US)<br>6. <input checked="" type="checkbox"/> A translation of the International Application into English (35 U.S.C. §371(c)(2)). <b>ATTACHMENT B</b><br>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. §371(c)(3)).<br>a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).<br>b. <input type="checkbox"/> have been transmitted by the International Bureau.<br>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br>d. <input type="checkbox"/> have not been made and will not be made.<br>8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19.<br>9. <input checked="" type="checkbox"/> An (UNEXECUTED) oath or declaration of the inventor(s) (35 U.S.C. §371(c)(4)). <b>ATTACHMENT C</b><br>10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. §371(c)(5)).<br><b>Items 11. to 14. below concern other document(s) or information included:</b><br>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. <b>ATTACHMENT D</b><br>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.<br>13. <input checked="" type="checkbox"/> A FIRST preliminary amendment. <b>ATTACHMENT E</b><br><input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.<br>14. <input type="checkbox"/> Other items or information: |                                             |                                                       |                                                                                                                  |

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

| U.S. APPLICATION NO.<br>NEW <b>10/509741</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | INTERNATIONAL APPLICATION NO.<br>PCT/JP03/05353 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ATTORNEY'S DOCKET NO.<br>2004-1468A                                                                                                                                                                                                                                    |    |              |              |  |  |          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------|--------------|--|--|----------|--|
| 15. [X] The following fees are submitted<br><br><b>BASIC NATIONAL FEE (37 CFR 1.492(a)(1)-(5)):</b><br>Neither international preliminary examination fee nor international search fee paid to USPTO and International Search Report not prepared by the EPO or JPO. .... \$1080.00<br>International Search Report has been prepared by the EPO or JPO ..... \$ 920.00<br>International preliminary examination fee not paid to USPTO but international search paid to USPTO ..... \$ 770.00<br>International preliminary examination fee paid to USPTO but claims did not satisfy provisions of PCT Article 33(1)-(4) ..... \$ 690.00<br>International preliminary examination fee paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$ 100.00<br><br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b> |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CALCULATIONS</th> <th style="width:50%;">PTO USE ONLY</th> </tr> <tr> <td colspan="2" style="height: 100px;"></td> </tr> <tr> <td>\$920.00</td> <td></td> </tr> </table> |    | CALCULATIONS | PTO USE ONLY |  |  | \$920.00 |  |
| CALCULATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PTO USE ONLY |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                        |    |              |              |  |  |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                        |    |              |              |  |  |          |  |
| \$920.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                        |    |              |              |  |  |          |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                                                                                                                                     |    |              |              |  |  |          |  |
| Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Number Filed | Number Extra                                    | Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                        |    |              |              |  |  |          |  |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 28 -20 =     | 8                                               | X \$18.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$144.00                                                                                                                                                                                                                                                               |    |              |              |  |  |          |  |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - 3 =        |                                                 | X \$86.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                                                                                                                                                                                                                     |    |              |              |  |  |          |  |
| Multiple dependent claim(s) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                 | + \$290.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$                                                                                                                                                                                                                                                                     |    |              |              |  |  |          |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$1,064.00                                                                                                                                                                                                                                                             |    |              |              |  |  |          |  |
| <input type="checkbox"/> Small Entity Status is hereby asserted. Above fees are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                                                                                                                                     |    |              |              |  |  |          |  |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$1,064.00                                                                                                                                                                                                                                                             |    |              |              |  |  |          |  |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | +                                                                                                                                                                                                                                                                      | \$ |              |              |  |  |          |  |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$1,064.00                                                                                                                                                                                                                                                             |    |              |              |  |  |          |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                                                                                                                                     |    |              |              |  |  |          |  |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$1,064.00                                                                                                                                                                                                                                                             |    |              |              |  |  |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Amount to be refunded                                                                                                                                                                                                                                                  | \$ |              |              |  |  |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Amount to be charged                                                                                                                                                                                                                                                   | \$ |              |              |  |  |          |  |
| a. [X] A check in the amount of \$1,064.00 to cover the above fees is enclosed. A duplicate copy of this form is enclosed.<br>b. <input type="checkbox"/> Please charge my Deposit Account No. 23-0975 in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. [X] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 23-0975.                                                                                                                                                                                                                                                                                                                                                              |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                        |    |              |              |  |  |          |  |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                        |    |              |              |  |  |          |  |
| 19. CORRESPONDENCE ADDRESS<br><br><br><div style="text-align: center;">           CUSTOMER NO.<br/> <b>000513</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                 | <div style="text-align: center;"> <br/>           By: Nils E. Pedersen<br/>           Registration No. 33,145<br/><br/>           WENDEROTH, LIND &amp; PONACK, L.L.P.<br/>           2033 "K" Street, N.W., Suite 800<br/>           Washington, D.C. 20006-1021<br/>           Phone: (202) 721-8200<br/>           Fax: (202) 721-8250<br/><br/>           September 30, 2004         </div> |                                                                                                                                                                                                                                                                        |    |              |              |  |  |          |  |